


United States Environmental Protection
Agency Washington, D.C. 20460

OMB Approval 2070-174

DATA CALL-IN RESPONSE

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.
Use additional sheet(s) if necessary.

1. Company Name and Address STEPAN COMPANY 22 W. FRONTAGE RD. NORTHFIELD, IL 60093	2. Case # and Name 2315 Glutaraldehyde Chemical # and Name 043901 Glutaraldehyde	3. Date and Type of DCI and Number 28-Aug-2015 GENERIC ID # GDCI-043901-30859
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4. EPA Product Registration 1839-227	5. I wish to cancel this product registration voluntarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below. yes 	6b. I agree to satisfy Generic Data requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirements on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirements on the attached form entitled "Requirements Status and Registrant's Response."
				N.A.	N.A.

8. Certification I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.

Signature and Title of Company's Authorized Representative Kelly K. Haiman Reg. Associate

9. Date
Nov. 30, 2015

10. Name of Company Stepan Company

11. Phone Number 847-501-2278

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REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE

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1. Company Name and Address STEPAN COMPANY 22 W. FRONTAGE RD. NORTHFIELD, IL 60093		2. Case # and Name 2315 Glutaraldehyde Chemical # and Name 043901 Glutaraldehyde			3. Date and Type of DCI and Number 28-Aug-2015 GENERIC ID # GDCI-043901-30859				
4. Guideline Requirement Number	5. Study Title	P R O T O C O L	Progress Reports			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			1	2	3				
835.4100	<u>Environmental Fate Data Requirements (Antimicrobial)</u> Aerobic soil metabolism (1,2)	N				V, R, U, Y, T, X, Z	TGAI	24	8/NA
10. Certification I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law. Signature and Title of Company's Authorized Representative <i>Kelly R. Nauman</i> Reg. Associate						11. Date NOV. 20, 2015			
12. Name of Company <i>Stepan Company</i>						13. Phone Number 847-501-2378			